

Executive Summary

MPH Practicum Experience - Research Networks and Cancer Clinical Trials In Iowa

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During this practicum experience, 3 overarching objectives were sought: 1 - to create an up-to-date list of oncology physicians in Iowa with maps detailing main clinic and outreach locations and to understand the research networks that these clinics participate in, 2 - take an inventory of currently available clinical trials in breast, lung, prostate, and colorectal cancers in Iowa, and 3 - using descriptive statistics from the CDC and Iowa Cancer Registry, assess availability of clinical trials based on incidence and mortality of the 4 common cancers above.

Oncology clinics are geographically spread out through the state, so that most areas in Iowa are fairly well covered in terms of geographic availability of an oncologist. Many of the more rural areas have outreach clinics from a larger clinic based elsewhere, such as Mission Cancer + Blood, which has numerous outreach clinics throughout southwest and south central Iowa. How often an oncologist goes to each site was not part of the scope of this project. However, there are other areas of Iowa which have much less coverage. Sioux City has outreach clinics in northwestern Iowa, but there seems to be an area in north central Iowa with less coverage. Residents of this area may need to travel either east or west to be able to access oncology care. It's also likely that residents in this area travel north to clinics in Minnesota. Similarly, it is likely that residents of far northeast Iowa travel out of state for their oncology care, likely Wisconsin. Out-of-state oncology clinics were outside the scope of this project, but should be taken into consideration when assessing geographic equity. Most outreach clinics are unable to offer clinical trials on-site and have to refer patients to the main site for enrollment. While this is understandable from a feasibility perspective, it may make clinical trial participation more difficult for some rural residents and assistance (financial or transportation, for example) may facilitate enrollment.

Many community oncology clinics participate in clinical trials through NCORP. IWORC is the Iowa Wide Oncology Research Coalition and is listed on the NCORP (National Cancer Institute Community Oncology Research Program) grant and is funded by NCORP. The NCI Community Oncology Research Program (NCORP) is a national network of cancer care investigators, providers, academia, and other organizations that care for diverse populations in health systems.

IORA (Iowa Oncology Research Association) works with Mission Cancer + Blood, John Stoddard Cancer Center, and Blank Children's Hospital in Des Moines. They are the lead site for the NCI cooperative grant (IWORC). IORA is housed within John Stoddard Cancer Center, but they are not employees of John Stoddard. The IWORC grant funds additional sites at both Mercy and Unity Point hospitals in Cedar Rapids, Jefferson County Health Center in Ottumwa/Fairfield, and McFarland Clinic in Ames.

They work with the following cooperative groups -

ECOG-ACRIN, Alliance, NRG, Wake Forest (QOL, supportive care, symptom management trials)

Blank Children's Hospital does Children's Oncology Group (COG) trials.

In addition to IWORC, there are other NCORP networks, such as June E. Nylen, which participates in the NCORP network of Sanford of the North Central Plains. Additionally, Catholic Health Initiatives (CHI) runs trials through the Mercy system in Des Moines and CHI Health Cancer Care in Council Bluffs (although patients in the Council Bluffs office are referred to sites in Omaha for CHI trials). Some sites offer federally funded trials through other NCI-funded initiatives for community cancer centers. For example, MercyOne Waterloo is an affiliate of the University of Iowa and participates in NRG and Alliance trials through this mechanism.

When looking at which clinical trials are offered in Iowa, most are cooperative group federally funded trials, although this differs when looking more closely at the different cancer types and clinical trial sites. UIHC HCCC is the only site with investigator-sponsored trials. A few sites in Iowa currently offer industry

trials in addition to cooperative group trials. Depending on the cancer type, various therapeutic spaces are included. For example, there are surgical trials for breast cancer in addition to medical oncology and radiation trials. In colorectal cancer, there are only medical oncology trials offered. Incidence and mortality rates for each type of cancer can be accessed through the data tool on the Iowa Cancer Registry website and may be a helpful mechanism for research coordinators and principal investigators when deciding which trials are most relevant to their patient population. One major area where data is lacking both for Iowa and nationally is tracking relapse rates for each type of cancer, which could be very informative for choosing clinical trial opportunities. Surveillance mechanisms that are currently in place (such as SEER) may be tracking relapses in a more systematic way in the future.

Of note, this practicum was completed during the start and through the first peak of the COVID-19 pandemic. During this time, telehealth quickly became the norm in clinical care of oncology patients. While research efforts were ramped down in an effort to protect patients/research subjects, plans were put into place to continue to enroll patients on some cancer clinical trials which were deemed important and essential for patient care. Telehealth was a large part of those plans and should continue to be included in clinical trial protocols in the future (even outside of the context of pandemic) which may facilitate the enrollment of rural cancer patients into clinical trials.

Another important aspect of clinical research is funding sources and how policy, advocacy, and funder priorities may influence which trials are developed and opened in certain areas. This aspect is outside the scope of this project but may be an interesting future project. Lastly, I was unable to find a reliable and realistic way to create a database of currently open trials statewide. Many clinics had websites dedicated to clinical trials and databases for patients to search. Other clinics do not have such a website. Collaboration through some statewide patient-advocacy organization may provide a means to build a statewide database, although there would likely need to be employed staff in place that would build, maintain, and update the database on a continuous basis.